Cheshire East Council - Response to NHS England and NHS improvement:

Integrating Care next steps for integrated care systems

Qn	Agree Yes / No	Commentary
1) Do you agree that giving ICSs a statutory footing from 2022, alongside other legislative proposals, provides the right foundation for the NHS over the next decade?	Yes	The 2012 restructure of the NHS abolished Strategic Health Authorities. This left a significant gap in the capacity of regions to work on a systemwide basis and impacted upon the ability to effectively plan at anything but an individual organisational level. This gap was recognised in 2016 with the creation of Sustainability and Transformation Partnerships and since the publication of the NHS Five Year Forward View and The Long Term Plan it has been clear that a move towards more formal Integrated Care Systems has been the direction of travel. The recognition of the need to effectively engage and involve local authorities has significantly improved since the STPs were established and the Integrating Care proposals set out very clearly that local authorities should be at the table and fully involved in the work of the ICS. At the same time the emphasis on 'Place-based' local partnerships for the tactical commissioning and delivery of improved health and care provides the opportunity for local authorities to have more influence at the local level. Giving the ICS a statutory footing will enable more effective working at both the Cheshire and Merseyside and local level, allowing for system wide planning and intervention where it makes sense to do something once at scale, but also providing each local authority area with the freedom to focus on its local priorities. We therefore support making ICSs mandatory in all areas but recognise that this legal requirement will need to be backed up with support for system leaders to work collaboratively, with a focus on achieving population health outcomes and to devolve power and resources to place wherever appropriate. **However, we must note that there are concerns amongst elected members across Cheshire and Merseyside, in particular in relation to the geography and democratic deficit of the ICS proposals. These are with regard to the risk of decision making and resources being centralised at a Cheshire and Merseyside level and being removed from the local Places.**

		There is also concern at the lack of reference to Health and Wellbeing Boards and their role within the ICS. We agree with the LGA and Cheshire and Merseyside Directors of Adult Social Care that the proposals (perhaps unwittingly) **are in danger of reducing or replacing established place based leadership**, which is best placed to achieve greater investment in prevention and community-based health and wellbeing services by addressing the wider determinants of health: safe and affordable housing, access to training and good jobs, a safe and healthy environment, support for early years, and infrastructure to support resilient communities. **Place must be recognised and understood by local communities and for local communities 'place' is the Local Authority in which they live.**
2) Do you agree that option 2 (a statutory ICS body) offers a model that provides greater incentive for collaboration alongside clarity of accountability across systems, to Parliament and most importantly, to patients?	No	Collaboration and clarity of accountability is absolutely critical to successful system working, as without it those who choose to can use a lack of accountability to delay decision making, frustrate planning and allow organisational self- interest to over-ride system benefits. Whilst option 2 appears to offer that greater incentive for NHS collaboration, and both options recognise the need for local government representation, **neither option proposes local government as an equal partner. If the aim is to accelerate integration of health and care through this statutory reform, then it needs to legislate local authorities as equal partners. As drafted neither option 1 nor option 2 offer parity of esteem between health and local government.** We agree with the LGA that with regard to Option 2, it is hard to see how a corporate statutory NHS body can be a partnership body which relates to all constituents in the health and care system. We are concerned that if Option 2 is adopted systems will lose the wider perspective from local government, on the role of social care, public health, housing, early years and other local government functions in ICS plans and strategies. **We propose that the best option to preserve and promote equal partnerships is to create system level integrated commissioning NHS bodies and also have statutory joint committees to which ICSs are accountable to ensure they deliver integration at place within the system.** The Cheshire and Merseyside Directors of Adult Social Care have proposed an option 3 for consideration, developing this proposal and we ask that this be looked at as an alternative: • ICSs to be a statutory joint committee acting as strategic partnership bodies for the whole system, with a parity of esteem and representation between local government and the NHS • There will be a reciprocal duty of cooperation to address health inequalities on the NHS and local government. • Accountability of the statutory ICS joint committee will be established within existing democratic structures

		• Directors of Adult Social Care will be included as mandatory members of 'place' integrated care partnerships; and representation on the ICS joint committee will be mandated • Partners within the statutory joint committee will take on current clinical commissioning group (CCG) functions, as determined at a local level, recognising the maturity of local systems
3) Do you agree that, other than mandatory participation of NHS bodies and Local Authorities, membership should be sufficiently permissive to allow systems to shape their own governance arrangements to best suit their populations needs?	Yes	We agree with the LGA in strongly supporting systems having the freedom and flexibility to determine their own membership, beyond the statutory minimum. **We would like to see a stronger emphasis on ensuring the system governance arrangements build on and enhance existing place and neighbourhood governance arrangements. They should not bypass, undermine or duplicate existing governance arrangements at place. In particular, they should ensure local accountability through local systems, including Health and Wellbeing Boards and scrutiny committees.** In addition **we would argue that the statutory role and leadership of DASSs must be recognised as mandatory within ICSs and ICPs**. The Cheshire and Merseyside ICS is a large and complex health and care system, so it will be important for our local needs to determine the nature of the governance arrangements of the ICS and the individual Place (local authority footprint based) Partnerships. This Authority has over the last couple of years been influential in the development of the ICS through the former Chief Executive's attendance at the System Management Board and senior officers' involvement in other key work-streams. This proactive engagement and involvement needs to be maintained to ensure that we influence the direction of travel as the ICS takes shape over the next 15 months.
4) Do you agree, subject to appropriate safeguards and where appropriate, that services currently commissioned by NHSE should be either transferred or delegated to ICS bodies?	Yes	There has, since 2012, been confusion in the system with the specialist commissioned services being the responsibility of NHS England, whilst other strategic commissioning responsibilities have been with CCGs. Bringing these together at an ICS level makes sense and gives the system much more local input (particularly for local authorities) into how those specialist services are delivered in Cheshire and Merseyside than is currently possible with them being in NHS England. **We therefore strongly support delegation of NHSEI commissioning to ICSs, where appropriate. Furthermore, we would like to see an equal emphasis on delegating commissioning to place level, ensuring the application of the principle of subsidiarity.**